

OF THE TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

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t's Not Too Late To Seek Intervention

A disaster of any size will cause unusual stress in people who have been directly and indirectly impacted by it.

According to the National Mental Health Association, each person will react differently and a range of responses to a disaster are normal and to be expected. Emotional responses to disasters can appear immediately or sometimes months later.

The recent terrorist attacks have had a profound impact on all Americans. Understanding what you're feeling and taking positive steps can help you cope.

Common reactions include disbelief and shock; fear and anxiety; disorientation, apathy and emotional numbing; irritability and anger; sadness and depression; over or under eating; difficulty making decisions; crying for no apparent reason; headaches and stomach problems; difficulty sleeping; excessive alcohol or drug use; and worsening of pre-existing medical conditions.

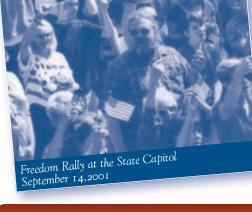
What you can do: talk about it; get plenty of rest and exercise; spend time with your family; return to your usual routine; do things you find relaxing and soothing; do something positive (for example, give blood, donate food or clothing). If you feel overwhelmed ask

DMHDD Commissioner Elisabeth Rukeyser said, "It's not too late to seek help weeks or even months after you've experienced a disaster. We encourage Tennesseans to seek the help they may need."

State and national resources for mental health services, as well as crisis information contacts, can be found on the department's web site at www.state.tn.us/mental. The department's radio show Mental Health Matters has many helpful topics. You can hear the show at www.tennesseek.com/

for help, talk with a trusted relative, friend, social worker or clergy.

If these conditions persist past several weeks, these common reactions may be signs of mental health disorders. You may need to seek professional help.

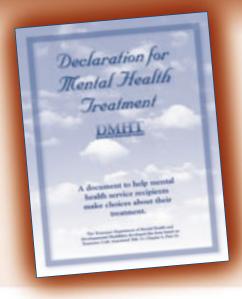


Declaration for MH Treatment Form Soon Ready for Distribution

The Declaration for Mental Health Treatment form will soon be available to mental health service recipients across the state. Use of this eight-page form allows persons receiving services to plan ahead—to say how they want to be treated or not treated when unable to make decisions about their mental health treatment.

The declaration was developed by the Department of Mental Health and Developmental Disabilities (DMHDD) based on Title 33, Chapter 6 Part 10 of the *Tennessee Code Annotated*.

This law gives adults the right to be involved in decisions about their treatment. Service recipients can make wishes known about three types of mental health



treatment: medications, electroconvulsive and other convulsive therapies, and psychiatric hospitalization (up to 15 days).

Conditions outlined in the declaration may be for a specified time, but cannot exceed two years.

The declaration and accompanying brochure are being printed. Upon completion they will be distributed to providers including mental heath centers, mental health institutes, drop-in centers and other mental health agencies.

This form and brochure are also available on the department's web site at www.state.tn.us/mental or from the DMHDD's Office of Consumer Affairs at 1 (800) 560-5767.

Update

of the Tennessee Department of Mental Health and Developmental Disabilities

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State of Tennessee Don Sundquist, Governor



Department of Mental Health and Developmental Disabilities 3rd Floor, Cordell Hull Building Nashville, TN 37243 615-532-6500 www.state.tn.us/mental

Elisabeth Rukeyser, Commissioner Ben Dishman, Deputy Commissioner Melanie Hampton, Asst. Commissioner Mental Health Services Barbara Brent, Deputy Commissioner Mental Retardation Services Mack Rhea, Director, Division of Administrative Services

Prepared and distributed by the Office of Public Information & Education (615) 532-6610 - FAX (615) 741-4557 Martha Robinson, Director Patricia Fortner, MH Specialist, Editor Jason Levkulich, Managing Editor Linny Parker, Circulation

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Around the State

Sullivan County Program Provides Respite Services

The Sullivan County Juvenile Courts and Frontier Health have partnered to provided needed services to juveniles and their families in Sullivan County.

The Court Respite Program is a short-term respite service that provides youth and their families a needed break from a perhaps volatile situation.

According to Sherri Feathers, Frontier Health's division director of children's continuum services, "The Court Respite Program is designed for youth who are delinquent and at serious risk of coming into state custody.

"Often a short-term separation of the youth and family from the situation allows all involved a time to step back, re-evaluate the situation and develop a plan that may actually increase the chance of the youth remaining safely with the family, she added."

Since its inception in April 2001, the program has served 34 youth and kept 30 out of state custody. For more information, contact Greg Morgan at (423) 288-1828.

Cherokee Health Opens New Facility in Newport

Cherokee Health Systems has opened a new \$1.6 million facility to serve residents of Cocke County. The facility offers both primary and behavioral health care.

The 15,000 square foot building located at 215 Hedrick Drive in Newport has 31 employees. The facility may handle as many as 1,000 patient visits per month.

Cherokee Health Systems Executive Director Dennis Freemen, Ph.D., reported there were 21,550 visits in Cocke County last year.



Ex-officio Members Named To Planning/Policy Council

Seven ex-officio members were recently named to the DMHDD's Planning and Policy Council. They include:

Carl Brown

Division of Vocational Rehabilitation Department of Human Services

Katy Gammon

Health Care Facilities, Department of Health

Dr. Stephanie Perry

Bureau of Alcohol & Drug Abuse Services Department of Health

Paul Miller

Bureau of TennCare

Department of Finance & Administration

Joe McLaughlin, Ph.D.

Office of Health Services

Department of Finance & Administration

Joe Fisher

Department of Education

Mary Beth Franklyn

Department of Children's Services

WMHI Team Raises \$2,951 for Cancer Society

Bolivar City Park was the site for the 2001 Relay for Life—a campout where cancer survivors are celebrated.

WMHI's 16-member team—The Working for Miracles with Hope to Cure Illnesses' Elves raised \$2951 for the Hardeman County American Cancer Society and won three first place awards in the process.

Western's chairperson, Jacque Jackson developed the idea for Christmas in June. Everyone, especially the children,

came to the WMHI campsite to see the Chairperson

Jacque Jackson

holding team

awards.

reindeers, sleigh, and all the other holiday items. The team had two cookouts off grounds for Western

employees and the community. The team clocked in over 330 volunteer hours and helped produce cookbooks to help with donations for the relav.

A member team of Western employees and volunteers have participated in the relay each year since Hardeman County's Relay for Life began five years ago. " It is a great way to

have fun while helping others to find solutions to problems," said the staff.

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Around the State

Conference to End Homelessness Set for D.C.

A national training conference, set for December 5-8, 2001 in Washington, D.C., will target ending homelessness for people with mental illness and/or substance use disorders.

Training institutes and workshops will focus on housing, treatment and support needs for this group. For more information, call (800) 444-7415.

Four New Drop-in Centers Open Across the State

Valley Ridge Mental Health Center has announced the opening of the Concord House Drop-in Center in Lafayette. It will be open three days a week. For information, hours, location and details about the program call (615) 666-8070.

The Helen Ross McNabb Center has also opened a new facility—the **Union House**

Drop-in Center in Maynardville at 842 Main Street. The McNabb Center has operated a similar program in Knoxville since 1989. The new drop-in center will be open Tuesday through Sunday. For more information call (865) 992-2114.



Quinco Mental Health Center's new drop-in center at 414 Florence Road in Bolivar held its grand opening in August. The Open Arms Drop-in Center is open Sunday and Tuesday from 1 to 5 p.m. and Wednesday through Saturday from 11 a.m. to 7 p.m. It is also open on all holidays. For transportation or more information call (731) 925-7790.

The Carey Counseling Center opened the Sunrise Drop-in Center in Union City in July. This center will serve Obion and Weakley counties. For more information call (731) 884-1549.



Captured at the department's booth at the 6th Annual Minority Health Summit—From left are Gwen Hamer, program director with the DMHDD's Office of the Medical Director; Frank Harrison, executive administrative assistant in Minority Health; Robbie Jackman, executive director of the Office of Minority Health and Debra Joyce, executive director of the Tennessee Black Health Care Commission. The program included a session on Depression and Suicide by Cynthia Turner Graham, M.D. formerly with Centerstone Mental Health Centers and now in private practice in Washington, D.C.

MH Planning Council Holds First 2001-02 Meet

The 2001-02 Mental Health Planning Council held its first meeting on August 17, with President Bob Benning presiding. He thanked the group for their dedication of coming at their own expense.

Commissioner Rukeyser gave a report on the financial situation within the department and Council Vice President Sita Diehl provided an update on the Olmstead Decision.

Wanda Willis, executive director of the Council on Developmental Disabilities, explained the mission of the council as well as some of its activities. *New members* of the Mental Health Planning Council were introduced. They include:

State Agency Representatives

- David Gettys, executive director, TN Mental Health Consumers Association
- Dick Blackburn, executive director, TN Association of Mental Health Organizations
- Shirley Shea, executive director, TN Protection and Advocacy.

Regional MHPC Delegates

- Region 1—Don Larkin, Ph.D.
- Region II—Cathy Caldwell, Carol Cox and Carolyn Jones
- Region III—Linda Lov
- Region V—Bruce Green
- Region VI—Barry Hale, Diane Oman and Mickie Whitaker
- Region VII—Chere' Bradshaw, Dancy McKinney and Ann Nolan, Psy.D.

Members at Large

- Michael Cartwright
- Katrina Gay
- Tim Hamilton
- Craig Anne Heflinger, Ph.D.

McNabb Center Launches PACT

The Helen Ross McNabb Center has contracted to provide a new service for East Tennessee adults with mental illness. Called PACT (Program of Assertive Community Treatment), it is a unique model of care for adults who have a serious and persistent mental illness and for whom traditional outpatient treatment has been ineffective.

The Knoxville PACT is the second of four to be established in Tennessee. One currently operates in Nashville and others are expected in Chattanooga and Memphis.

The program—funded by AdvoCare—began enrolling clients in August and will eventually serve 80-100 clients.

PACT provides intense, highly individualized services directly to consumers. Treatment is provided 24/7 through teams of mental health professionals. The team assumes responsibility to do whatever needs to be done to assist a person in meeting individual goals.

For more information, call Program Coordinator Candace Allen at (865) 521-9067.

Happenings

- When Middle Tennessee Mental Health Institute (not Memphis MHI as previously reported) moved to the new facility in 1995, data was collected on the well-being of 32 patients. Collected shortly before and after the relocation, analysis of the data suggest that patients receiving a variety of intervention modalities fared somewhat better in the transition than did those who experienced multiple interventions of the same modality. Linda Graham, a registered nurse in Mental Health Services, reported on this at the International Nursing Conference earlier this year.
- Sheryl McCormick, of Knoxville has joined Foundations Associates as the advocacy coordinator.
- The Columbia Area Mental Health Center recently held an open house for its EXCEL program which is designed to provide job skills to those with histories of mental illness. The psychosocial rehabilitation program teaches adult members, with severe or persistent mental illnesses, work skills including food preparation, housekeeping and clerical work.

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From New Surgeon General's Report

Racial/Ethnic Minorities less Likely To Receive Quality MH Care

Striking disparities in access, quality and availability of mental health services exist for racial and ethnic minority Americans according to a report of the Surgeon General.

Titled Mental Health: Culture, Race and Ethnicity the report highlights the role culture and society play in mental health, mental illness and the types of mental health services people seek. It finds that although

People with mental illness feel shame and fear of discrimination about a condition that is as real and disabling as any other serious health condition

...U.S. Public Health Service

effective, well-documented treatments for mental illness are available, racial and ethnic minorities are less likely to receive quality care than the general population.

"While mental disorders may touch all Americans either directly or indirectly, all do not have equal access to treatment and services. The failure to address these inequities is being played out in human and economic terms across the nation—on our streets, in homeless shelters, public health institutions, prisons and jails," said Surgeon General David Satcher, M.D.

The 200-page report focused on the four most recognized racial and ethnic minority groups in the United States.

 Disproportionate numbers of African Americans are represented in the most vulnerable segments of the population—people who are homeless, incarcerated, in the child welfare system, victims of trauma—all

- populations with increased risks for mental disorders
- As many as 40 percent of Hispanic Americans report limited Englishlanguage proficiency. Because few mental health care providers identify themselves as Spanish-speaking, most Hispanic Americans have limited access to ethnically or linguistically similar providers.
- The suicide rate among American Indians/Alaska Natives is 50 percent higher than the national rate. Rates of co-occurring mental illness and substance abuse (especially alcohol) are also higher among Native youth and adults.
- Asian Americans/Pacific Islanders who seek care for mental illness often present with more severe illnesses than do other racial or ethnic groups. This, in part, suggests that stigma and shame are critical deterrents to services utilization.

The stigma surrounding mental illness is a powerful barrier to reaching treatment.

"Cost and stigma are two major barriers that we must overcome. Many insurance plans to do not cover the cost of mental heath care, and few people can afford to pay for those services out of their pockets," added Satcher.

Call toll free 1 (800) 789-2647 to receive the executive summary and fact sheets or view the entire report on www.surgeongeneral.gov.

Ventress Heads Moccasin Bend

William "Bill" Ventress became chief officer of Moccasin Bend Mental Health Institute effective September 17.

Commissioner Elisabeth Rukeyser said, "I am pleased to have someone of his



background and qualifications assume the helm at Moccasin Bend. I am confident that working together, we can continue our commitment to provide quality care to those we serve at this facility," she concluded.

National Search

Ventress was appointed from a pool of 15 applicants following an exhaustive national search. Prior to coming to Moccasin Bend, he was an independent consultant in Centreville, Md. There he delivered consultation services to organizations in the Washington, D.C. and Baltimore region.

In addition to his consulting work, Ventress served as vice president of Operations and Special Projects for BHMA, L.L.C. in Bethesda, Md; regional director of Residential Services for Behavior Health Systems, Northeast Region in Rockville, Md; and chief executive officer for Charter Behavioral Health Systems of Maryland at Potomac Ridge and Fairbridge also in Rockville.

Local Ties

Ventress' local ties include being director of Alcohol and Drug Services at Joe W. Johnson Mental Health Center in Chattanooga from 1977-1981. He also served as an assistant program director and unit social worker at Moccasin Bend from 1973-77.

In 1974, Ventress earned his bachelor's degree from the University of Tennessee at Chattanooga. He later completed a master's degree in counseling psychology from UT/ Knoxville and a master's degree in public health administration at the University of Georgia.



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